

FEE(S) TRANSMITTAL

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JONES DAY
222 East 41st Street
New York, New York 10017



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTY'S DOCKET NO.	CONFIRMATION NO.
09/060,409	April 14, 1998	SAH et al.	10624-008-999	9564

TITLE OF INVENTION HUMAN MESENCEPHALON CELL LINES AND METHODS OF USE THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Utility	No	\$1,330.00		\$1,330.00	May 13, 2004

EXAMINER	ART UNIT	CLASS-SUB CLASS
KAUSHAL, Sumesh	1632	435-368000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed

1. **Jones Day**

2.

3.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

Signal Pharmaceuticals, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

San Diego, California

Please check the appropriate assignee category or categories (will not be printed on the patent)

Individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee

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Publication Fee

Payment by credit card. Form PTO-2038 is attached.

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(Authorized Signature) *By: Lawrence Srobar Reg No. 49,020* (Date) *May 12, 2004*
Anthony N. Insogna
 Attorney Reg No. 35,203 *Anthony N. Insogna*

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